Asian Americans and Pacific Islanders and Tobacco

Asian Americans and Pacific Islanders are persons of Asian or Pacific Islander ancestry whose origins are from China and Mongolia to the north, Indonesia to the south, the Indian subcontinent to the west, and the U.S.-related Pacific Islands to the east. The six largest subgroups of Asian Americans are from China, the Philippines, Japan, Asian India, Korea, and Vietnam. Hawaiians, Samoans, and Guamanians are the three largest Pacific Islander subgroups. Although Asian Americans reside across the country, approximately 66% live in California, Hawaii, Illinois, New York, and Texas. Approximately 75% of the Pacific Islanders population live in just two states – California and Hawaii. Asian American population nearly doubled in size from an estimated 3.5 million in 1980 to almost 7 million in 1990, while Pacific Islanders population grew by 41% between 1980 (259,566) and 1990 (365,024).

Health Effects

- Smoking is responsible for 87% of the lung cancer deaths in the United States. In 1993, lung cancer was the leading cause of cancer death (22.3%) among Asian Americans and Pacific Islanders.³
- The death rate for lung cancer was 27.9 per 100,000 for Asian American and Pacific Islander men and 11.4 per 100,000 for women. Among subgroups, both Hawaiian men (88.9 per 100,000) and women (44.1 per 100,000) had the highest rate of lung cancer deaths, and Filipino men (29.8 per 100,000) and women (10.0 per 100,000) had the lowest.³
- Asian Americans and Pacific Islanders had the lowest rates of death from coronary heart disease among the
 primary racial/ethnic groups in the United States. Among Asian Americans and Pacific Islanders
 subgroups, Koreans (82 per 100,000) had the lowest death rates for cardiovascular diseases and Japanese
 (162 per 100,000) had the highest rate.³

Cigarette Smoking Prevalence

- The 1997 National Health Interview Survey data show that overall adult smoking prevalence was lower among Asian Americans and Pacific Islanders (16.9%) than among Hispanics (20.4%), whites (25.3%), African Americans (26.7%), and American Indians and Alaska Natives (34.1%).
- In 1997, 21.6% of Asian American and Pacific Islander men smoked, compared with 27.4% of white men. However, Asian American and Pacific Islander women (12.4%) were significantly less likely to smoke than white women (23.3%). Smoking rates are much higher among Asian American and Pacific Islander men than among Asian American and Pacific Islander women, regardless of country of origin.
- A 1990–1991 California survey estimated that smoking rates for men were 35.8% for Korean Americans, 24% for Filipino Americans, 20.1% for Japanese Americans, and 19.1% for Chinese Americans. Among women, smoking prevalence was 14.9% for Japanese Americans, 13.6% for Korean Americans, 8.9% for Filipino Americans, and 4.7% for Chinese Americans.³
- Among high school seniors, aggregated 1990–1994 Monitoring the Future Survey data show that for racial/ethnic groups, smoking prevalence was highest among American Indians and Alaska Natives (males, 41.1 percent; females, 39.4 percent) followed by whites (males, 33.4%; females, 33.1%), Hispanics (males, 28.5%; females, 19.2%), Asian Americans and Pacific Islanders (males, 20.6%; females, 13.8%), and African Americans (males, 11.6%; females, 8.6%).
- Among Asian American and Pacific Islander high school seniors 4.4% of male students and 4.5% of females students reported smoking one-half pack or more per day.³

Cigarette Smoking Behavior

- Research shows an association between cigarette smoking and acculturation among Asian American and Pacific Islander adults from Southeast Asia. Those who had a higher English-language proficiency and those living in the United States longer were less likely to be smokers.³
- Among Chinese men, the average number of cigarettes smoked per day increased with the percentage of their lifetime spent in the United States.³
- Among Vietnamese, the prevalence of smoking was higher among men who immigrated to the United States in 1981 or later and who were not fluent in English.³

Asian Americans and Pacific Islanders and Quitting

- Among current smokers, Asian Americans and Pacific Islanders were slightly more likely than white smokers to have quit for at least one day during the previous year (32.0%, compared with 26.0%). Asian Americans and Pacific Islanders (2.5%), however, are less likely than whites (3.4%) to remain abstinent for one to 90 days.³
- According to aggregated 1994–1995 National Health Interview Survey data, the prevalence of cessation among Asian Americans and Pacific Islanders aged 55 years and older was higher than among younger Asian Americans and Pacific Islanders.³
- A community intervention trial for Vietnamese men conducted in San Francisco significantly increased the likelihood of quitting smoking. This program included a long-running anti-tobacco media campaign and school- and family-based components.³

Tobacco Industry

- Studies have found a higher density of tobacco billboards in racial/ethnic minority communities. For example, a 1993 study in San Diego, California, found the highest proportion of tobacco billboards were posted in Asian American communities and the lowest proportion were in white communities.³
- Among racial/ethnic minority communities in San Diego, the highest average number of tobacco displays was found in Asian American stores (6.4), compared with Hispanic (4.6) and African American (3.7) stores.³

References

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